

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 23-OCT-2011		2 ADDRESS OF OCCURRENCE CHICAGO, IL 60617		3 LOCATION CODE 210		4 OFFICER ID 0433	
5 POSITION 9161		6 LAST NAME CLAUSSEN JR		7 FIRST NAME JOSEPH		8 STAR NO 7258	
9 SEX X M 02 F WHI		10 RACE CODE WHI		11 AGE 511		12 WT 220	
13 DATE OF APPT 16-APR-2010		14 EMPLOYEE NO 004		15 UNIT & REAT OF ASSIGNMENT 0431R		16 DUTY STATUS X 01 On 02 Off 03 Yes X 02 No X 01 Yes 02 No	
17 LAST NAME CLAUSSEN JR		18 FIRST NAME JOSEPH		19 M I C		20 RACE WHI	
21 ADDRESS CHICAGO, IL 60617		22 TELEPHONE NO		23 WAS SUBJECT ARMED X 01 Yes 02 No		24 SUBJECT INJURED? X 01 Yes 02 No	
25 WIFRE WAS MEDICAL TREATMENT OBTAINED?		26 BY WHOM?		27 CONDITION		28 SUBJECT ALLEGED INJURY? X 01 Yes 02 No	
29 CHARGES PLACED		30 DNA		31 CB NO 18264072		32 IP NO	
33 PASSIVE RESISTER		34 ACTIVE RESISTER		35 ASSAULT/ABUSE		36 ASSAULT/BATTERY	
37 SUBJECT'S ACTIONS X DID NOT FOLLOW VERBAL DIRECTION X STIFFENED (DEAD WEIGHT) OTHER _____		38 FLED PULLED AWAY OTHER _____		39 IMMINENT THREAT OF BATTERY OTHER _____		40 ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER PUNCHED DEFENDER WITH _____	
41 MEMBER'S RESPONSE X MEMBER PRESENCE X VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		42 OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC/CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Control Stun) TASER (Laser Targeting) TASER (Spark Displayed) OTHER _____		43 ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		44 KNEE STRIKE KICKS IMPACT WEAPON (Describe in Box 40)	
45 FIREARM OTHER _____		46 TASER		47 OTHER		48 OTHER	
49 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		50 ADDITIONAL INFORMATION		51 POSITION		52 STAR NO	
53 WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER		54 INCIDENT OCCURRED X Indoors 02 Outdoors		55 LIGHTING CONDITIONS 01 Daylight 02 Night X 03 Poor Artificial 04 Dusk 05 Good Artificial		56 WEATHER CONDITIONS CLEAR	
57 MAKE/MANUFACTURER		58 MODEL		59 BARREL LENGTH		60 CALIBER/GAUGE	
61 TASER DART ID NO.		62 WEAPON SERIAL NO. (Include Letters)		63 CHICAGO GUN REG. NO.		64 IL FIREARM OWNER ID. NO.	
65 SPECIAL WEAPON CERTIFICATE NO.		66 PROPERTY INVENTORY NO.		67 TYPE OF AMMUNITION USED		68 NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
69 WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER 03 OTHER (SPECIFY)		70 WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO		71 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		72 HOW WAS MEMBER'S HANDGUN WORN 01 RT SIDE (WAIST) 02 LT SIDE (WAIST) 03 OTHER (SPECIFY)	
73 HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW 02 CROSS DRAW 03 OTHER (SPECIFY)		74 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		75 DID MEMBER USE SIGHTS 01 YES 02 NO		76 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)	
77 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 05 FT 02 05 - 10 FT 03 10 - 15 FT 04 OVER 15 FT		78 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN		79 POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)		71 R.D. NO.	
72 CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73 REPORTING MEMBER (Print Name) CLAUSSEN JR, JOSEPH		74 STAR/EMPLOYEE NO. 7258		75 SIGNATURE	
76 SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		77 REVIEWING SUPERVISOR (Print Name) MURZYN, MICHAEL J		78 STAR NO 1893		79 DATE REVIEWED 23-OCT-2011 08:12:59	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSEER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

15. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

UNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

16. WATCH COMMANDER/OCIC RATIONALE FOR BOX 17 FINDING

Based on the information provided, the officers followed the Department guidelines concerning use of force.

17. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

18. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, ROBERT C

SIGNATURE

DATE COMPLETED

TIME

23-OCT-2011 06:17:44

19. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

TO/FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

LOG REPORT

☐ CR INITIATION REPORT

20. TOTAL TRR'S THIS EVENT No.

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